MODIFIED PTO/SB/22 (07-09)

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number

Q87635

		UN	DER 37 CFR 1.136(a)	43.333	1			
FY 2009				Confirmation 4780	Confirmation Number 4780			
(Fee	s pur	suant to th	e Consolidated Appropriations Act, 2005 (H.R. 4818).)		.,			
Applic	ation	Numbe		Filing Date				
For		CURAE PROPE	BLE COMPOSITION AND METHOD FOR IMP RTIES	PROVING RECO	J∧FK.	T PROPER	HES AND CKEEK	
Art Unit		1796		Examiner Na	ame	Robert S. LOEWE		
			er the provisions of 37 CFR 1.136(a) to extend the pe				fied application.	
The rec	queste	ed extens	ion and fee are as follows (check time period desired	_				
				<u>Fee</u>		II Entity Fee		
	]	One	month (37 CFR 1.17(a)(1))	\$130.00		\$65.00		
☑		Two	month (37 CFR 1.17(a)(2))	\$490.00	,	\$245.00	\$490.00	
		Thre	ee month (37 CFR 1.17(a)(3))	\$1110.00		\$555.00		
	_	Fou	r month (37 CFR 1.17(a)(4))	\$1730.00	;	\$865.00		
	]	Five	month (37 CFR 1.17(a)(5))	\$2350.00	\$	31175.00		
	Previous Payment Amount Date Submitted							
	☐ Applicant claims small entity status. See 37 CFR 1.27							
	☐ A check in the amount of the fee is enclosed.							
$\square$	☑ Payment by credit card.							
☐ The Director has already been authorized to charge fees in this application to a Deposit According								
The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee, or credit any overpayment, to Deposit Account Number 19-4880.							ublication Fee, or	
I am the			applicant/inventor					
			assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
		Ø	attorney or agent of record. Registration Nur	nber25,430	)			
			attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR	1.34				
			washington 2337 customer nu	OFFICE 73				
Shellon I. Landaman Signature					November 1, 2010 Date			
			Sheldon I. Landsman		(202) 293-7060			
	<u> </u>		Typed or printed name	the entire intere	Telephone Number			
Note: Subn	: Sig nit mi	natures ultiple fo	of all the inventors or assignees of record of orms if more than one signature is required, s	ee below.	ət UI li	ileli represe	manve(s) are required.	
i		•						

☑ Total of 1 form is submitted.